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| **Dr Estabrooks’ Contributions to Science**1. **Using dissemination and implementation science frameworks to balance internal and external validity in health behavior research**. As part of the RE-AIM workgroup since 1999, I have published several planning and evaluation papers using this framework and developed a set of recommendations for researchers to improve the likelihood that evidence-based interventions can be taken to scale and have a public health impact. Specifically, my work has highlighted the importance of understanding intervention reach, effectiveness, and maintenance of effect at the participant level while also addressing intervention adoption decisions, implementation, and sustainability at the organizational level. I have completed over 20 national and international training workshops focused on RE-AIM, have consulted with national organizations on applying the framework, and use the framework regularly across my intervention research projects.

Clinical and community-engagement to improve the adoption and implementation of evidence-based health promotion and disease prevention interventions. My research team has conducted several studies focused understanding strategies and mechanisms to improve the staff- and setting-level adoption (number, proportion, and representativeness of staff, settings, and organizations) of evidence-based interventions. We have developed successful strategies to increase organizational and staff adoption of evidence-based interventions. Key mechanisms of success appear to be a high level of participation from representatives from the potential adopting organizations at both the administrative and delivery staff levels. Our work has documented factors such as fit with organizational mission, resources, and delivery agent job descriptions and evaluations are more predictive of adoption than information on intervention effectiveness. However, effectiveness is typically a necessary, but insufficient factor for staff and organizational adoption of physical activity, nutrition, and weight control interventions. We have also found that adoption can be influenced by staff and organizational characteristics and perceptions, potential participant engagement (i.e., reach), the characteristics of the intervention (e.g., cost, complexity), the study design, and dissemination strategy. Developing integrated research-practice partnerships to allow for the mapping of strategies to evidence-based principles results in effective, practical, and sustainable interventions. A key proposition underlying my work, and each of the contributions above, is that the integration of research and clinical practice at the systems-level results in interventions that benefit from traditional research evidence and more tacit practice-based evidence. Specifically, the goal of a research-practice partnership is to have a strong understanding of evidence-based interventions and system values, resources, and structure to develop a fit between the evidence-based program and sustained delivery within an organizational context. Using this model, the work of my team has demonstrated that mapping the adaptation of evidence-based interventions and DIS strategies to underlying functioning principles of evidence-based interventions or proposed mechanisms of D&I leads to better individual (reach, effectiveness) and organizational outcomes (adoption, implementation, and maintenance). We have also found that interventions as well as D&I strategies developed using this approach have a higher probability of being sustained beyond the life of a research program. Increasing community capacity to address health promotion and prevention. Over the course of the past 10 years, our research team has focused on the development of community capacity to address health promotion, within and beyond, partnership with academic institutions and personnel. The articles highlighted below demonstrate the ability to increase community capacity for research, improve health communication and information uptake, and create community and clinically relevant approaches to health promotion.  |  |  |